



## **Court Services and Offender Supervision Agency for the District of Columbia**

*Office of the Director  
Office of Equal Employment Opportunity,  
Diversity and Special Programs*

### **COMPLAINT OF DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX NATIONAL ORIGIN, AGE, DISABILITY, AND/OR REPRISAL**

*Privacy Act Information:*

*The information on this form is collected pursuant to 29 CFR, Part 1614, and is given voluntarily. The information is used primarily in the processing of Equal Employment Opportunity complaints. Failure to provide the information may delay or prevent the processing of the complaint. The information may be disclosed to appropriate Federal, State, or local agencies when relevant to civil, or regulatory investigations or prosecutions; in judicial or administrative proceedings; and to authorized officials involved in investigation or settlement of EEO grievances, complaints and appeals. The form must be signed and dated by the complainant to verify the accuracy of the information.*

1. Complainant's full name (Last, First, Middle):	2. Work telephone number (Include Area Code):
3. Home Address (Number, Street, City, State, Zip Code):	4. Home telephone (Include Area Code):
5. Name and Address of the CSOSA/PSA office and individual you believe discriminated against you:	6. Date (Month, Day, Year) when the most recent alleged discrimination took place:
7. Are you now working for the Federal Government? <input type="checkbox"/> YES <input type="checkbox"/> NO, If "YES", Provide the title and grade of the job you held when the alleged discrimination took place, and the name and address of the agency where you currently work (Include Street Number, City, State, and Zip Code):	

8. Check (x) the basis of alleged discrimination:

☐ Race ☐ Black ☐ White ☐ Amer. Indian/Alaska Native ☐ Asian/Pacific American  
☐ Other (Specify): \_\_\_\_\_

☐ Color: ☐ Black ☐ White ☐ Amer. Indian/Alaska Native ☐ Asian/Pacific American  
☐ Other (Specify): \_\_\_\_\_

☐ Sex: ☐ Male ☐ Female

☐ National Origin: ☐ Hispanic ☐ Other (Specify): \_\_\_\_\_

☐ Age: (Must be at least 40 years old at time of alleged discrimination) (Specify)  
\_\_\_\_\_

☐ Disability: ☐ Physical ☐ Mental (Specify disability): \_\_\_\_\_

☐ Reprisal/Retaliation (*For previously filing on EEO complaint*)  
\_\_\_\_\_  
\_\_\_\_\_

☐ Religion (Specify):  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you appealed this matter to the Merit Systems  
Protection Board (MSPB)? If "YES" :provide date:

☐ YES ☐ NO Date: \_\_\_\_\_

10. Have you filed a grievance on this matter? If "YES",  
provide date:

☐ YES ☐ NO Date: \_\_\_\_\_

11. Explain how believe you were discriminated against because of your race, color, religion, sex, national origin, age, disability and/or reprisal.

12. What corrective action are you seeking?	
13. Did you participate in ADR during the informal complaint process?	
14. Would you be willing to resolve your complaint through the ADR process?	
15. Name of EEO Counselor, which you contacted concerning this alleged discrimination.	16. Date of contact (Month, Day, Year):
17. Complainant's Signature:	18. Date signed (Month, Day, Year):